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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
I hereby appoint:							
X Practitioners associated with the Customer Number:			48	980			
OR							
Practitioner(s) named below (If more than ten patent practitioners are to be named, then a customer number must be used):							
Accessed to the second	Name		Registration Number			Registration Number	

***************************************	***************************************						
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).							
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:							
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Assignee Name and Address: Abbott Laboratories							
100 Abbott Park Road							
Abbott Park, Illinois 60064-6008							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be							
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SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature		and the same of th			Date 8/11/	(ut	
Name	Sı	igan C. Tall			Telephone 50 -	745-JY00	
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